

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18241

State File No. _____

FILED JUN 8 1943

Registration District No. _____

Primary Registration District No. 5641

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Higginsville, Confederate Home
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Confederate Home of Mo. near W.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Emma R. Miller

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Thomas A. Miller Deceased 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 7th 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Wilson Co. Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Member Gen. Home

11. Industry or business _____

12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Evelyn Hunter
(b) Address Booneville, Mo.

17. (a) Burial (b) Date thereof 5/3/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Con. Home

18. (a) Signature of funeral director Dr. W. A. Braetle

(b) Address Higginsville, Mo.

19. (a) 5-3-1943 (b) Dr. W. A. Braetle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Higginsville
(If outside city or town limits, write "RURAL")
(d) Street No. Confederate Home of Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1943 hour 9 minute A M.

21. I hereby certify that I attended the deceased from May 7 to May 9, 1943
that I last saw h. in alive on May 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 1 week

Due to Injury from fall at 4 mos.

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident - 854
(b) Date of occurrence Jan 3, 1943
(c) Where did injury occur? Confederate Home of Missourians
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work _____ (Specify type of place)
(c) Means of injury Fall
23. Signature Dr. W. A. Braetle (M. D. or other MD)
Address Higginsville Date signed 5-2-1943

1189 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-7-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

4269

P. O. Address _____

Higginsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.